

Impact of Pain on Family Members and Caregivers of Geriatric Patients

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KEYWORDS

- Geriatric pain • Family members • Spouses • Interpersonal relationships
- Relationship closeness • Coping • Pain perception

KEY POINTS

- Persistent pain contributes to relationship problems, psychological distress, and physical morbidity among patients and their family members.
- Theory and research implicate several mechanisms that may moderate the effects of older adults' pain on their family members: relationship closeness, coping behavior, pain perception, and communication.
- Most studies investigating the interpersonal consequences of pain combine middle-aged (<64) and older adults (>65) into a single sample; limited research has explicitly examined the effects of pain among older persons (>65) on family members.
- Most research investigating the impact of geriatric pain on family members comes from spousal samples; little is known about the consequences for adult children.
- Future studies should conduct subgroup analyses by age and comparisons of family member outcomes by relationship (spouses vs adult children) and caregiver status.

The interpersonal consequences of chronic pain have been vigorously examined in adolescent, young adult, and middle-aged samples. A wide body of research suggests that persistent pain in the early years of life not only afflicts the individual sufferer, but also close family members involved in his or her care.¹⁻⁴ In view of this evidence, consensus statements⁵ and clinical guidelines⁶ have emphasized the

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need to address family considerations as part of standard care. However, although the negative effects of pain have been well established among the family members of young persons, a small but growing body of research has begun to examine this phenomenon among the relatives of older persons. Studies in this area are slowly emerging as clinicians, researchers, and policy makers acknowledge the increasing prevalence of pain among older people^{7–9} and escalating demand for informal caregiving by relatives.¹⁰

The interpersonal effects of chronic pain may differ in later life, given pronounced age differences in individuals' physical disability,¹¹ overall perception of the pain experience,¹² and because chronic pain is often one of many burdensome health conditions that older adults and their family members must confront.¹³ As such, specific attention to the effects of pain on family members and caregivers of older persons is warranted.

This article provides an overview of the growing, yet limited, literature on the effects of geriatric patients' pain on their family members. The review focuses on three key consequences for family members: (1) deterioration in relationship functioning, (2) diminished emotional well-being, and (3) compromised physical health. For each consequence, we identify the relevant theoretic frameworks that explain the relationship between geriatric patients' pain and family member's outcomes, highlight the mechanisms that may moderate the effects of patients' pain on family members' well-being and relationships, and present the available empirical evidence of these associations. Given the paucity of research examining the effects of geriatric patients' pain on their relatives, we conclude with several recommendations for future research and clinical practice.

OLDER ADULT'S PAIN AND RELATIONSHIP FUNCTIONING

When considering the interpersonal consequences of pain, researchers point to the reciprocal interactions between the patient with chronic pain and family members. Just as family members play an important role in the patient's adjustment to and recovery from illness, they are also affected by the patient's symptoms and need for assistance. For middle-aged and older adults, severe pain contributes to increased interpersonal conflict and discord,^{14–21} and decreased emotional closeness and physical intimacy.^{22–25}

The family systems perspective has been influential in explicating such effects. According to this framework, family functioning is governed by specific social norms and principles.^{26,27} When a relative is in pain, family members adjust their social roles to accommodate the sufferer's physical, social, and recreational restrictions. Consequently, these adjustments may lead to a paradoxical cycle of accentuated closeness and enmeshment, followed by tension and strain within the relationship, and ultimately withdrawal by the patient.^{28,29} For example, qualitative research has shown that worsening pain symptoms may impact the pain sufferer's ability to maintain employment or complete household activities,²⁰ thereby leading him or her to become dependent on relatives. In response, family members who take on these tasks experience resentment and hostility toward the patient, along with feelings of guilt and self-blame and a sense of helplessness about how best to provide effective support for their loved one.^{20,22,23} Over time, family members may resort to controlling or soliciting behavior, further contributing to patients' distancing from the relationship, and perpetuating the cycle of extreme closeness and withdrawal.^{20,23}

However, not all families follow this downward trajectory. Research has begun to uncover how specific moderators, including pain perception, coping behavior, and

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